Northern Ireland Ambulance Service Consultation and EQIA on Introduction of a Proposed Clinical Response Model

Dear John,

The British Medical Association (BMA) is an apolitical independent trade union and professional association representing doctors and medical students from all branches of medicine across the UK. Our mission is we look after doctors so they can look after you. BMA Northern Ireland welcomes the opportunity to respond to this consultation on a proposed clinical response model for the Northern Ireland Ambulance Service (NIAS).

This response has been drafted following input from our members from across all branches of practice and following engagement with Michael Bloomfield and Nigel Ruddell of the Northern Ireland Ambulance Service (NIAS) at a meeting of the Northern Ireland General Practitioners Committee (NIGPC) Domestic Negotiations Team.

NIAS have experienced many similar issues to the rest of the health and social care system (HSC) in recent years, most notably a growing demand for their services. In this context we recognise and support the need to transform the current operating model to one which will be sustainable for the future.

That being said, we wish to raise a number of points in relation to the proposal outlined in the consultation document:

Treat and leave, and treat and refer

National director (Northern Ireland): Claire Armstrong
During the meeting held with NIAS, NIGPC was presented with three different proposals for when a response is dispatched to a patient. Two of which were “treat and leave” and “treat and refer” NIGPC was supportive of these new principles. NIGPC also commented that “referral to GP” could be added to the suite of options available and we could help develop confidence within practices that this was acceptable and appropriate. This suggestion was well received by NIAS. In a number of instances, it will be beneficial to the patient to be referred to their GP for future treatment. It could also prevent an additional and unnecessary trip to hospital for both the patient and NIAS. It is important however that should this course of action be taken the language used is chosen sensitively, patients should not be told their GP will definitely call to see them, especially within a time frame defined by the NIAS.

Additionally, we believe that GPs should have the same referral options as NIAS. Many of the referral options listed in the presentation received are not necessarily available to GPs or they may not have been made aware of them. NIGPC would welcome the opportunity to work with NIAS on a referral to GPs process and developing a method through which GPs can access the NIAS directory of services. This could result in less calls to NIAS as GPs would not need to call NIAS to for referral to these.

Finally, on this point, our members highlighted that the option of admission to a wider network of respite care services should be considered rather than hospital admission as the norm. The increasing older population, particularly the older old, will necessitate a wider range of respite services that will need to be available to the NIAS as alternates to hospital admissions.

**Rural population**

The reduction in the Rural-NI response time gap from 84% in 2013 to 52% in 2017 is obviously welcome. We hope this proposed clinical response model will reduce this gap further but anticipate that this will require imaginative ways of working by NIAS.

No new ways of working in rural areas are outlined in the consultation document, we look forward to engaging with these as they become available. We anticipate these could include working from mobile services rather than requiring a fixed base and partnership working, where possible.

**Healthcare calls**

We note in the process of recategorizing of the current call categories the ‘healthcare professional call’ category will be removed. Whilst we do not necessarily disagree with this if it is removed all calls must be triaged through the same process. No consideration should be given to the source of call. BMA Northern Ireland members have reported feeling that if they call an ambulance for a patient they are with a response can take longer as there is a doctor present. The patient’s condition should be the only issue dictating the response time not the presence of a doctor.

NIGPC members raised an issue with calls not being accepted when they come from nursing home staff. We welcome the reassurance given by Michael Bloomfield that this should not be the case and would encourage greater communication of this with NIAS staff.

**Funding**

The consultation document states the new proposed clinical operating model will require significant investment in additional frontline staff and capital expenditure. There is no mention throughout the document of how this will be funded.

BMA Northern Ireland has consistently called for a transformation fund to take forward the transformations outlined in Health and Wellbeing 2026. Without dedicated funding we question whether significant transformation, such as that laid out in the consultation can be achieved.

**Timeline**
The consultation does not outline when this transformation is likely to be achieved, or even begin.

We would strongly encourage the development of a timeline to allow progress and changes to be clearly tracked. Alongside this a comprehensive communication strategy should be developed.

**Public education:**
The consultation document does touch on the inappropriate use of the ambulance service by the public. A public education campaign on appropriate use of the ambulance service may be something NIAS may wish to consider.

**Certification of life extinct**
Whilst not directly related to this consultation a number of our members have raised issues relating to the certification of life extinct. We welcome the commitment from NIAS that this issue is being addressed with NIAS staff and the PSNI and would ask that this work continues. We appreciate that it is difficult to change custom and practice within a large organisation however this is important to remove an additional and unnecessary burden from the workload of GPs and to ensure families in difficult circumstances are not additionally upset.

BMA Northern Ireland would like to thank NIAS once again for the opportunity to respond to this consultation and the additional engagement with Michael Bloomfield and Nigel Ruddell. If it would be helpful we would be happy to engage further with NIAS on any aspect of our response, questions should be directed to Jenna Maghie, senior policy executive via jmaghie@bma.org.uk in the first instance.

We look forward to engaging further as the process of transformation is undertaken.

Yours sincerely

Dr Alan Stout
Chair NIGPC